

February 9, 1999

Dear Colleague:

In response to your request we have enclosed an application kit for the Family Planning Research grant supported by the Office of Family Planning (OFP).

The deadline for receipt of applications is April 12, 1999.

The application kit contains the Announcement of Availability of Funds for Family Planning Research Grant, a copy of the Title X legislation authorizing the program and the necessary forms and instructions. Among these are a checklist containing a recommended format for the application and supplemental information addressing items to be included in the application.

We recommend that applicants be concise while fulfilling all requirements. Applications should be limited to 35 double-spaced pages, not including appendices. Please note that an original and two copies must be submitted.

Completed applications should be sent to:

Grants Management Office  
Office of Population Affairs  
4350 East West Highway, Suite 200  
Bethesda, MD 20814

Grants awards will be issued no later than June 30, 1999.

You may contact the Grants Management Office on (301) 594-4012, if you have questions pertaining to fiscal, administrative or business matters. If you need additional program information, please contact Eugenia Eckard, Office of Research, on (301) 594-4008.

We appreciate your interest in the Family Planning Program and look forward to receiving your application.

Sincerely,

Denese O. Shervington, M.D., M.P.H.  
Deputy Assistant Secretary  
For Population Affairs

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Enclosures:

1. Announcement of Availability of Funds for Family Planning Research Grant
2. Title X of the Public Health Service Act
3. Application Checklist
4. Supplemental Information and Instructions for Preparing Grant Applications
5. Grant Application Form 5161-1 (Revised 5/96)
6. Application Receipt Record

# APPLICATION CHECKLIST

## Family Planning Research Grant Application

The following items must be included in the Family Planning Research grant application packages submitted to the Office of Family Planning. Items marked with an \* appear in the checklist on page 25 of the Application Form PHS 5161-1; they are included here for guidance in assembling the material in a consistent sequence.

ITEM	YES
* Original copy of the application with an original signature, (not a duplicated copy) of an official with the authority to commit the applicant organization to the terms and conditions of a grant, if a grant is awarded. All pages of the application should be numbered.	
* Submit an original and two (2) copies of the application	
* Table of contents with identifying sections and corresponding page numbers	
<b>The materials should be assembled in the following order:</b>	
* Form PHS-5161-1 (pages SF 424, SF424A)	
* Budget Justification	
* Required Assurance (Standard Form 424B (4-88), Non-Construction Programs) signed by the official who signs the application	
* Certifications regarding 1) Debarment and Suspension 2) Drug-Free Workplace Requirements, 3) Lobbying, 4) Program Fraud Civil Remedies Act (PFCRA), and 5) Environmental Tobacco Smoke signed by the official who signs the application	
* Project Narrative	
* Position Descriptions	
* Resumes of all professional staff	
* Appendices	
* Confirmation of Application Receipt	

Again, please note that:

- All pages should be numbered.
- Applications should not contain covers, binders, tabs or other extraneous materials - they will be discarded.
- Due date is April 12, 1999

PUBLIC HEALTH SERVICE  
OFFICE OF POPULATION AFFAIRS  
OFFICE OF FAMILY PLANNING

SUPPLEMENTAL INFORMATION AND INSTRUCTIONS FOR PREPARING  
FAMILY PLANNING RESEARCH GRANT APPLICATION

The following information is provided to assist in the preparation of Family Planning Research grant applications under Title X of the Public Health Service Act. This Supplemental Information and Instructions form is to be used with the Public Health Service Grant Application Form PHS 5161-1 (Rev. 5/96).

SUBMISSION OF APPLICATION

Applications must be postmarked or received at the following address no later than the close of business on April 12, 1999.

Three complete applications (1 original and 2 copies) are required for review. Please send the signed original and two copies to:

Grants Management Office  
Office of Population Affairs  
4350 East-West Highway, Suite 200  
Bethesda, MD 20814

Budget Information

All budget information for the following items must be fully explained and justified.

Personnel

On a separate page, list all personnel, professional and non-professional, for whom salary is requested. List each by name and position or by position only, if the position is not filled. For each professional staff member, state the percent of time spent on grant-related and on non-grant-related activities. The sum of percentages of time expended by each individual for all professional activities must not exceed 100 percent.

For each non-professional staff member, indicate hours per week on the project.

## Page 2 - Supplemental Information and Instructions

List the total program effort, in hours or percent of time, that personnel (including volunteer staff, professional, technical, secretarial, or clerical) devote to the program, and reflect their contribution in the budget justification even though Federal funds for these salaries have not been requested. Information on both grant and non-grant supported positions is essential in order for reviewers to determine if program resources are adequate.

List the dollar amounts, separately, for salary and fringe benefits for each employee. In the computation of estimated salary changes, an individual's base salary must represent the total authorized annual compensation that an applicant organization would be prepared to pay for a specified work period regardless of whether an individual's time would be spent on government-sponsored or non-government-sponsored activities. The base salary for the purposes of computing charges to a PHS grant excludes income which an individual may be permitted to earn outside of full-time duties to the applicant organization.

Where appropriate, indicate whether the amounts requested for the professional personnel are for academic year salaries or for summer salaries, and indicate the formulas for calculating summer salaries. Fringe benefits, if treated consistently by the grantee institution as a direct cost to all sponsors, may be treated separately for each individual in proportion to the salary requested or may be entered as a total if your institution has established a composite fringe benefit rate.

An applicant has the option of omitting specific salary and fringe benefit amounts for individuals from the copies of the application which are made available to outside review groups. If you choose to exercise this option, use asterisks on the original and two copies of the application to indicate those individuals for whom salaries and fringe benefits are being omitted; the subtotals must still be shown. In addition, submit a separate page of the application indicating the amount of the salary and fringe benefits requested for each individual listed. This budget page will be reserved for the use of internal staff only.

### Staff Travel

Enter the amount for staff travel essential for the conduct of the program. Describe the purpose of the travel, giving the estimated number of trips involved, the destination(s) and number of individuals for whom funds are requested. Please note that foreign travel is not an allowable cost.

### Equipment

List and justify each separate item of equipment costing more than \$5,000. If you are requesting funds to purchase equipment which is similar to equipment you already have, explain the need for the duplication.

## Page 3 - Supplemental Information and Instructions

### Supplies

Itemize and justify major types of supplies, such as general office and photocopying expenses (expendable personal property) related to the program, for all supplies purchased with grant funds.

### Consultant Costs

Give the name and institutional affiliation of each consultant, if known, and indicate the nature and extent of the consultant services to be performed. Include the expected rate of compensation and total fees, travel, per diem or other related costs for each consultant.

### Other

Additional costs associated with the operation of the program.

### Indirect Costs

Indirect cost reimbursement is limited to the actual indirect cost rate as negotiated with a Federal agency.

## **CONFIRMATION OF APPLICATION RECEIPT FOR FAMILY PLANNING RESEARCH GRANT**

This Section to be Completed by Applicant:

Name of Project Director:

Applicant Organization (name and address):

Department (if applicable):

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### **FOR OFFICE USE ONLY**

Your Family Planning Research Grant Application was received on this Date: